URE 507.1 (NEW) DRAFT: February 8, 2021

Rul	e 507.1. Behavioral Or Medical Emergency Services Technician-Patient
(a)	<u>Definitions</u>
	(a)(1) "Patient" means a person who consults or is examined or interviewed by a
	behavioral or medical emergency services technician.
	(a)(2) "Behavioral or medical emergency services technician" means a person who:
	(a)(2)(A) is or is reasonably believed by the patient to be delivering medical,
	mental or emotional health services in an emergency context within a scope
	and in accordance with guidelines established by the Utah Department of
	Health as a behavioral emergency services technician, paramedic, or
	emergency medical services technician; and
	(a)(2)(B) is engaged in the diagnosis or treatment of a mental, emotional, or
	medical condition.
	medical condition:
	(a)(3) "Physician" means a person licensed, or reasonably believed by the patient to be
	licensed, to practice medicine in any state.
	(a)(4) "Mental health therapist" means a person who:
	(a)(4)(A) is or is reasonably believed by the patient to be licensed or certified in
	any state as a physician, psychologist, clinical or certified social worker,
	marriage and family therapist, advanced practice registered nurse designated as a registered psychiatric mental health nurse specialist, or professional
	counselor; and
	<u>counscior, and</u>
	(a)(4)(B) is engaged in the diagnosis or treatment of a mental or emotional
	condition, including alcohol or drug addiction.
(b)	Statement of the Privilege. A patient has a privilege, during the patient's life, to refuse
•	to disclose and to prevent any other person from disclosing information that is
	communicated in confidence to a medical or behavioral emergency services technician
•	for the purpose of diagnosing or treating the patient. The privilege applies to:
	(b)(1) diagnoses made, treatment provided, or advice given by a medical or behavioral
	emergency services technician;
	(b)(2) information obtained by a behavioral or medical amargancy convices to bailing
	(b)(2) information obtained by a behavioral or medical emergency services technician
	through examination of the patient; and
	(b)(3) information transmitted among a patient and a behavioral or medical emergency
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services technician and other persons who are participating in the diagnosis or 45 46 treatment under the direction of a physician or mental health therapist. Such other persons include guardians or members of the patient's family who are present to 47 further the interest of the patient because they are reasonably necessary for the 48 49 transmission of the communications, or participation in the diagnosis and treatment 50 under the direction of the physician or mental health therapist. 51 52 (c) Who May Claim the Privilege. The privilege may be claimed by the patient, or the 53 quardian or conservator of the patient. The person who was the physician, mental 54 health therapist, or behavioral or medical emergency services technician at the time of 55 the communication is presumed to have authority during the life of the patient to claim the privilege on behalf of the patient. 56 57 (d) **Exceptions.** No privilege exists under paragraph (b) in the following circumstances: 58 59 60 (d)(1) **Child Neglect or Abuse.** For communications to a behavioral or medical emergency services technician that is evidence of actual or suspected child neglect or 61 62 abuse. 63 (d)(2) **Danger to Patient or Others.** For communications to a behavioral or medical 64 emergency services technician that is evidence a patient is a clear and immediate 65 66 danger to the patient or others. 67 68 (d)(3) Condition as Element of Claim or Defense. For communications relevant to an issue of the physical, mental, or emotional condition of the patient: 69 70 71 (d)(3)(A) in any proceeding in which that condition is an element of any claim or 72 defense; or 73 74 (d)(3)(B) after the patient's death, in any proceedings in which any party relies 75 upon the condition as an element of the claim or defense. 76 77 (d)(4) Hospitalization for Mental Illness. For communications relevant to an issue in 78 proceedings to hospitalize the patient for mental illness, if the mental health therapist in 79 the course of diagnosis or treatment has determined that the patient is in need of 80 hospitalization; and 81 (d)(5) Court Ordered Examination. For communications made in the course of, and 82 pertinent to the purpose of, a court-ordered examination of the physical, mental, or 83 84 emotional condition of a patient, whether a party or witness, unless the court in 85 ordering the examination specifies otherwise. 86

Effective date to coincide with the effective date of Department of Health guidelines governing the function and scope of Behavioral Emergency Service Technicians.

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